

ADVISORY COMMITTEE

Meeting Minutes

July 22, 2022

Date	Time	Location	Preparer of Minutes
07/22/22	8:30 am – 11:30 am	PHSS Conference Room 107B & ZOOM	Chelyn Bigornia

Attendance			
Committee Members		TST Staff	Others
Present Robert Almada Sarah DeStasio Chanita Jackson Bob Jones Tonia McClanahan Marilyn Roberts Wendy Tanner Priscilla Terry Gina Thompson	Absent None	Carrie Hennen Chelyn Bigornia	Christina Barreda Megan Horne Amanda Houle Kristin Jensen Whitney Myers Judge Christine Schaller Gretchen Thaller Edith Vanderwal Katie Weakland

Agenda Item	Notes
Welcome & Introductions	TST Advisory Committee members and guests introduced themselves.
Update on County Racial Equity Efforts	<p>Nicole Miller discussed the following Racial Equity Efforts at Thurston County Public Health & Social Services:</p> <ul style="list-style-type: none"> - 19 community members applied for membership on the Diversity, Equity, Inclusion & Belonging Council; BOCC is currently working on appointing 7 members. Some local cities also have similar groups. The first commission meeting of the council will happen the week of August 15 to decide their work plan and scope. - Hosting two “Lunch and Learn” events every month, including various talks on race and equity. The topic of the upcoming Lunch & Learn is racial equity in the workforce. - Hosting a monthly book club. The book club is currently reading Diversity in the Workplace, and the next book is called The Sum of Us by Heather McGhee. - Preparing for the county wide Government Alliance on Racial Equity survey this summer. The results of the survey will inform the Diversity, Equity, Inclusion and Belonging council. - Facilitating a variety of subcommittee groups: Language Access Policy, Internship and Mentoring, and Training and Workforce Development.

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TST Program Presentations: Family Programs	<p>Managers of TST-funded programs serving families discussed their programs (<i>see accompanying slides</i>).</p> <p>Staff presented information related to the Family Recovery Court Program (Thurston County Superior Court). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - Increasing census is a priority. There are currently no veterans in the program. There is no wait list, and there are currently 5 participants (maximum of 17 participants). - To be eligible for FRC, the individual must meet the criteria for Substance Use Disorder (SUD), have an allegation of abuse or neglect, and their children must be found to be dependent. This is a voluntary program. - Previously there had to be a significant SUD, so individuals had to be in SUD treatment to qualify. Participants used to be able to go to any SUD treatment agency, however it was challenging to obtain sufficient information regarding treatment compliance and relapses from all providers. Judge Christine Schaller adopted a one treatment provider model to address these challenges.
	<p>Staff presented information related to the Safe Babies Court (Thurston County Superior Court). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - Started in September 2021, serving 8 families, 11 adults and 11 children. Court and family team meetings are held once a month. Safe Babies Court and providers collaborate on how they can best support parents in achieving their goals and addressing their children's needs, as well as reduce barriers to engagement. - A few accomplishments include mothers receiving prenatal care for the first time, and general increased contact and connection with parents. - This program may start using TST funding in late 2022 as planned for in the budget or may continue to use external funds. More will be known about external funding availability as of late August 2022.
	<p>Staff presented information related to the Domestic Violence Case Coordinator Program (Thurston County Superior Court). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - A significant barrier is that domestic violence (DV) treatment is currently not considered a behavioral health treatment, which prevents TST funds from being used towards DV treatment. Insurance and many other fund sources also do not cover this treatment, which can cost thousands of dollars. - Bias could be an issue in a program that serves individuals impacted by DV due to lack of empathy for perpetrators. One bias is that part of their punishment is paying for treatment, and this creates a

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	<p>barrier for those individuals to access treatment because they cannot afford it. More than half of the individuals in this program are in this situation.</p> <ul style="list-style-type: none"> - This program serves civil cases. Individuals must fall under the standard DV description through Family Court, have no criminal charges or arrests. It is usually the petitioner that reaches out requesting protection. - Limited treatment engagement is an issue. Some individuals are noncompliant and not receiving treatment because they do not think they need treatment. Failure to appear in court has been a problem, and there is currently low accountability if someone does not attend. A new hearing is set up with the hope that they will come later. In some cases, if they were ordered to do DV treatment, one repercussion is that they will not be able to see their children unsupervised. Clients that do not have children involved tend to be more likely to be non-compliant. - The committee would like to revisit the issue of DV treatment costs and barriers to payment. <p>Staff presented information related to the Nurse Family Partnership Program (Public Health and Social Services). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - Staff use a partnership approach when working with clients, especially mothers who are currently using substances and may or may not be interested in ceasing use. They continue to reach out via phone to check in on how they are doing and how their pregnancy is going. Their priorities are partnership, relationship, being present, and reducing power differentials wherever they can. Nurses will sometimes go out in the community to find mothers that may need services. - Some clients are reluctant to work with nurses as they are mandatory reporters. Nurses try to meet them where they are at, either in person or via phone. They do tell clients that they are mandatory reporters, but one of their goals is to work with the client to reduce Child Protective Services (CPS) involvement. Even if the client does get involved with CPS, they will continue to partner with them. They participate in Family Team Decision Making (FTDM). The program is strength based. - The program does connect clients to prenatal, primary, mental health, and other types of medical care or treatment. They start by getting clients connected to a pediatrician and provider. The program has strong relationships with local providers that take Medicaid or Apple Health for kids. - Unfortunately, Washington state does not include home visiting in

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	<p>its state Medicaid plan, so Medicaid reimbursement is not available for this service.</p> <ul style="list-style-type: none"> - Nurses can assess if a parent is dealing with significant depression. The concern is that their baby will stop trying to elicit an emotional response from a parent who is flat or not responding. Much of the NFP team is trained in Infant Mental Health. <p>Staff presented information related to the Family Intervention Nurse Program (Public Health and Social Services). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - The main referral source for Family Intervention Nurse and Nurse Family Partnership are Child Protective Services, local pediatricians, Obstetrics and Gynecology providers, Midwives (conducting postpartum assessments). Referrals can be via fax, email, call, or even text. - For both Family Intervention Nurse and Nurse Family Partnership, clients can choose where to meet. Most are home-visits, but they have met clients at the department, parks, other neutral areas. This is free-of-charge.
Development of Community Agreements	<p>Nicole Miller presented a few examples of Community Agreements and then facilitated a brainstorming discussion to develop a draft TST Community Agreement. This discussion will be revisited at the next meeting.</p>
TST Dashboard-Demonstration & Discussion	<p>Tabled TST Dashboard-Demonstration & Discussion for next meeting.</p>
Miscellaneous Updates & Business	<p>Minutes from the June 17, 2022 meeting were approved.</p> <p>Carrie Hennen discussed the following updates & business:</p> <ul style="list-style-type: none"> - PHSS will advance two budget requests on behalf of Thurston-Mason Behavioral Health Administrative Services Organization (TM-BHASO) for 2023 in the mid-term budget process: <ul style="list-style-type: none"> o The Thurston County Jail provides Re-Entry services. The jail has contracted these services out to their medical provider for a number of years. The provider will not be providing these services anymore, and the jail would like to partner with the TM-BHASO for these services. The funds for these services will need to move from the jail to the TM-BHASO. This is a straightforward transfer of funds and doesn't result in a new costs. o TM-BHASO has had a Trueblood grant for several years. In addition to TST funded services, there has been a team in the Thurston County Jail with Olympia Health and Recovery Services and the TM-BHASO focusing on Trueblood class members whose

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	<p>competency is in question. TM-BHASO received verbal assurance that although the official contract was set to terminate on June 30th, 2022, they were underspent and could continue to roll the remaining funds through 2023. Trueblood has now informed the TM-BHASO that they will only have funds through September 2022 and cannot roll the remaining funds through 2023. With the current funding available, the TM-BHASO can continue normal service levels through the end of 2022, but to continue to services in 2023 they will need to request additional TST funds due to these unforeseen circumstances. The funding request will backfill most of these services and will support a supervisor, mental health professional, and a peer. Jail leadership is very satisfied with the services provided by the TM-BHASO and supports keeping these positions funded.</p> <ul style="list-style-type: none"> ▪ All TST Advisory Committee Members voted in support of this budget request. <ul style="list-style-type: none"> - Behavioral Health Workforce <ul style="list-style-type: none"> ○ TST has started a brainstorming/ work group on what can be done locally to address behavioral health workforce challenges. The next virtual brainstorming session is scheduled for August 17th at 9am. Anyone interested in joining this meeting and/or group can contact Carrie Hennen for an invite. - Family Recovery Court Discussion <ul style="list-style-type: none"> ○ The committee shared their concern about low Family Recovery Court census and participation. ○ They would like to get an update on their progress of increasing the census by one person a month as well as the National Association of Drug Court Professionals (NADCP) Conference. ○ The committee also expressed interest in asking Family Recovery Court to collect data on the extent that the one treatment provider model is deterring enrollment and participation in the program. ○ Because of these concerns and because the day's discussion of Family Recovery Court had been cut short, the committee asked staff to invite Family Recovery Court to present their progress in November of 2022. <p>Feedback on Meeting:</p> <ul style="list-style-type: none"> - Overall better experience for virtual attendees. - The OWL Camera video was good; however, the audio was not ideal. The placement of OWL Camera should be in the center of all presenters in the room. - Mute the mic on breaks and turn on closed captions.



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	Meeting was adjourned at 11:29 am.

Next Meeting:

September 16, 2022

8:30 am – 11:30 am

Public Health & Social Services Building (Lilly Road) in Conference Room 107B and/or by ZOOM